

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/04/2011	
NAME OF PROVIDER OR SUPPLIER  BENNETT HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 3928 HORNE AVE NEW ALBANY, IN47150			
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R0000	<p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaint IN 00088045 completed on 3/28/11.</p> <p>Complaint IN 00088045 - not corrected, state residential finding cited at R0241.</p> <p>Unrelated deficiency cited</p> <p>Survey date: May 4, 2011</p> <p>Facility number : 004442</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Provider number: 004442 AIM number: NA</p> <p>Survey team: Dorothy Navetta, RN, TC Gloria Reisert, MSW Avona Connell, RN</p> <p>Census bed type: Residential: 33 Total: 33</p> <p>Census payor type: Other: 33 Total: 33</p> <p>Sample: 5</p>						

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R0241	<p>These state residential findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on May 10, 2011 by Bev Faulkner, RN</p> <p>(e) The administration of medications and the provision of residential nursing care shall be as ordered by the resident ' s physician and shall be supervised by a licensed nurse on the premises or on call as follows: (1) Medication shall be administered by licensed nursing personnel or qualified medication aides.</p>			R0241	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan</p>		06/15/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2011

FORM APPROVED

OMB NO. 0938-0391

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					of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. <b>Citation #1 R 0241 410 IAC 16.2 What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice? Resident D's physician and family were notified of the medication errors and the medication was obtained and administered per the physician's order. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Resident medical records were reviewed and No other residents were found to be affected. What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur? The Wellness Director and licensed staff were re-educated to our policy and procedure regarding Medication Administration, obtaining medications, and medication errors. The Wellness Director will be responsible to ensure medications are available per the physician's order with</b>		

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	Based on record review and interview, the facility failed to ensure ordered medication was administered to 1 of 5			appropriate physician and family notification. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/or Designee will review physician orders upon receipt and the Medication Administration Record weekly to ensure compliance for a period of 3 months. The interdisciplinary team will review the findings after 3 months to determine the frequency for ongoing monitoring. Findings suggestive of compliance will result in no further frequency of monitoring. Wellness Director and/or Designee will ensure appropriate notification of physician and family when a medication is found not to be available or in the event of a medication error. Findings will be reviewed and corrected through the facility's QA process. <b>By what date will the systemic changes be completed?</b> Compliance Date: 6/15/11			

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	<p>residents reviewed for medications in a sample of 5. (Resident #D)</p> <p>Findings include:</p> <p>1. The clinical record for Resident D was reviewed on 5/4/11 at 10:30 a.m.</p> <p>The resident's diagnoses included, but were not limited to: atrial fibrillation, cerebral vascular accident (stroke), hypertension, hyperlipidemia, edema, depression, dementia, and anemia.</p>						

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	<p>Review of Laboratory results of blood work, completed 3/7/11, indicated a hemoglobin level 11.3.</p> <p>Record review indicated the resident returned to the facility on 4/7/2011 from a skilled nursing facility with a new order for Niferex 150 milligrams (m.g.) 1 tablet by mouth ( p.o.) daily for anemia.</p> <p>Review of the Medication Administration Record</p>						

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	<p>(MAR) from 4/7/11, included the medication Niferex 150 milligrams (m.g.) to be given by mouth (p.o.) 1 tablet daily. There was no documentation on the MAR from 4/11/11 to 5/4/11 to indicate the medication had been given.</p> <p>Review of nursing notes indicated Resident D's family member was notified on 4/28/11 the pharmacy was not going to fill the prescription for Niferex 150 m.g. due to the fact the medication</p>						



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	<p>was available over- the- counter (OTC).</p> <p>Review of Doctor's orders on 4/8/11 indicated Resident D could take Niferex when available from Pharmacy. There was no documentation the Doctor was notified the Pharmacy was not going to fill the prescription due the fact it could be purchased OTC.</p> <p>In an interview with Wellness Director on 5/4/11 at 12:00 p.m., she indicated the doctor</p>						

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R0349	<p>should be notified even when one dose is missed.</p> <p>This State Residential deficiency was cited on 3/28/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>(a) The facility must maintain clinical records on each resident. These records must be maintained under the supervision of an employee of the facility designated with that responsibility. The records must be as follows:</p> <p>(1) Complete.</p> <p>(2) Accurately documented.</p> <p>(3) Readily accessible.</p> <p>(4) Systematically organized.</p>						

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	<p>Based on record review and interview, the facility failed to ensure Medication Administration Records (MAR) were accurately documented from 4/11/11 to 5/4/11 for 1 of 5 residents reviewed for medication administration in a sample of 5 residents. (Resident #D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 5/4/11 at 10:30 a.m.</p>			R0349	<p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. <b>Citation #2 R 0349 410 IAC 16.2 What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</b> Resident D's physician and family were notified of the medication errors and the medication was obtained and administered per the physician's order. <b>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</b> Resident medical records were reviewed and No other residents were found to be affected. <b>What measures will be put into place or what systemic changes will the facility make</b></p>		06/15/2011

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	<p>The resident's diagnoses included, but were not limited to: atrial fibrillation, cerebral vascular accident (stroke), hypertension, hyperlipidemia, edema, depression, dementia, and anemia.</p> <p>Review of the April and May 2011 MAR's indicated the resident returned to the facility on 4/7/2011 from a skilled nursing facility with a new order for Niferex 150 milligrams (m.g.) 1 tablet by mouth ( p.o.) daily for anemia.</p>				<p><b>to ensure that the deficient practice does not recur? The</b> Wellness Director and licensed staff were re-educated to our policy and procedure regarding Medication Administration, obtaining medications, and medication errors. The Wellness Director will be responsible to ensure medications are available per the physician's order with appropriate physician and family notification. <b>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</b> The Wellness Director and/or Designee will review physician orders upon receipt and the Medication Administration Record weekly to ensure compliance for a period of 3 months. The interdisciplinary team will review the findings after 3 months to determine the frequency for ongoing monitoring. Findings suggestive of compliance will result in no further frequency of monitoring. Wellness Director and/or Designee will ensure appropriate notification of physician and family when a medication is found not to be available or in the event of a medication error. Findings will be reviewed and corrected through the facility's QA process. <b>By what date will the systemic changes be completed?</b> Compliance</p>		

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	<p>The MAR's from April 11, 2011 through May 4, 2011 indicated the medication Niferex 150 m.g. had not been initialed and/or circled plus there was no documentation as to why the medication had not been given from 4/11/11 to 5/4/11.</p> <p>Review of nursing records indicated on 4/28/11 nursing staff were aware the pharmacy was not going to fill the order for Niferex due to the fact it</p>				Date: 6/15/11		

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	<p>could be purchased over-the-counter (OTC). There was no documentation the doctor had been notified the medication had not been available or had been administered.</p> <p>In an interview with the WD at 12:00 p.m., the WD indicated the Doctor should be notified if even one dose is missed.</p> <p>On 5/4/11 at 12: 25 p.m., the Wellness Director presented a copy of the facility's current policy on "Medication</p>						

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	<p>Administration."</p> <p>Review of this policy at this time, included, but was not limited to: "...H. MEDICATION NOT GIVEN AS PRESCRIBED:... 4. If a medication is not given for any other reason: Initial and circle the time in the correct space on the MAR. On the back of the MAR, indicate the reason the medication was not given."</p>						

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